

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>10/543141</u>		FILING DATE				
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓	3	↓	3	↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	14	←	22	←	22	←	TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS	17		25		25		TOTAL CLAIMS						

PTO - 1340 (REV. 11/04)

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